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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
PATENT APPLICATION EXAMINING OPERATIONS

Applicants: Troy M. Swartwood / Group Art No.: 3725  
Douglas O. Keller /  
Loren R. Schuh /  
Serial No.: 09/705,379 / Examiner:  
Filed: November 3, 2000 /  
Title: KNIFE HOLDER FOR A CHIPPER DISC

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TC 3700 MAIL ROOM

LETTER TO CORRECT FILING RECEIPT

Birdwell, Janke & Durando, PLC  
1925 Standard Insurance Center  
900 SW Fifth Avenue  
Portland, Oregon 97204

March 8, 2001

Via Facsimile

Office of Initial Patent Examination's  
Customer Service Center  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Greetings:

Applicants have received a filing receipt (copy enclosed) in the above-captioned patent application wherein the title is missing a word. It is hereby requested that the filing receipt and

PAGE 1 - REQUEST FOR CORRECTED FILING RECEIPT (09/705,379)



## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/705,379	11/03/2000	3725	355	P- 0555.10023	2	5	1

Garth Janke  
Birdwell Janke & Durando PLC  
1925 Standard Insurance Center  
900 SW Fifth Avenue  
Portland, OR 97204

## CORRECTED FILING RECEIPT



\*OC000000005798103\*

Date Mailed: 02/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Troy M. Swartwood, Tualatin, OR ;  
Douglas O. Keller, Clackamas, OR ;  
Loren R. Schuh, Battle Ground, WA ;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A REI OF 09/195,731 11/18/1998 PAT 5,979,522

## Foreign Applications

If Required, Foreign Filing License Granted 02/01/2001

\*\* SMALL ENTITY \*\*

## Title

Knife holder for a chipper *disc*

## Preliminary Class

144

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BIRDWELL & JANKE

the records of the Office be changed to show the correct title and applicants, and that the Office provide the undersigned with a copy of the corrected filing receipt.

Respectfully submitted,



Garth Janke  
Reg. No. 40,662

RQCORFIL.BC2

PAGE 2 - REQUEST FOR CORRECTED FILING RECEIPT (09/705,379)

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Bib Data Sheet

CONFIRMATION NO. 5949

<b>SERIAL NUMBER</b> 09/705,379	<b>FILING DATE</b> 11/03/2000 <b>RULE</b>	<b>CLASS</b> 144	<b>GROUP ART UNIT</b> 3725	<b>ATTORNEY DOCKET NO.</b> P-0555.10023
<b>APPLICANTS</b> Troy M. Swartwood, Tualatin, OR; Douglas O. Keller, Clackamas, OR; Loren R. Schuh, Battle Ground, WA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 09/195,731 11/18/1998 PAT 5,979,522				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2001</b>		<b>** SMALL ENTITY **</b>		
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 5
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Garth Janke Birdwell Janke & Durando PLC 1925 Standard Insurance Center 900 SW Fifth Avenue Portland ,OR 97204				
<b>TITLE</b> Knife holder for a chipper disc				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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